

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Libertyor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40515

Registration District No. 3608 Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child Andrea Dewitt

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 11, 1915</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME W. W. Salmons(9) PRESENT POSTOFFICE OF FATHER Wesley S.C. R 7 & 2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Orangeburg County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE W. W. Salmons(15) PRESENT POSTOFFICE OF MOTHER Wesley S.C. R 7 & 2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Orangeburg County(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:40 (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Woodford St.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 15, 1915 (28) W. W. Salmons Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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